

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/							
2		/						
3		/						
4		/						
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48								
49								
50								
TOTAL IND.	4							
TOTAL DEP.	18							
TOTAL CLAIMS	22							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								